

# 45-Hour Infant & Toddler Certificate: Methods & Materials

Child, Language, and Social/Emotional Development + Health & Safety + Nutrition + Working with Families

15 Weeks: September 29 - December 15, 2015, 6:30 - 9:30 p.m.

**T**his course introduces the major concepts, theories, principles, and research related to the development and care of children birth to age 3. Participants will learn how to create a safe and healthy environment while developing appropriate interaction and communication skills that will assist with learning and development. For family providers, the regulations state those approved to care for more than two infants and toddlers must complete 45 hours of approved training related exclusively to the care of children younger than 2 years old. This class satisfies the regulation. For questions related to the care of infants and toddlers, contact Joan Johnson, Technical Assistance Specialist at [jmjohnson@howardcountymd.gov](mailto:jmjohnson@howardcountymd.gov) or 410-313-1432. Other questions, please call (410) 313-1940.

**Cost \$250, SAVE 10%! REGISTER ONLINE:** [www.howardcountymd.gov/training](http://www.howardcountymd.gov/training)

or complete and mail the registration form.

Classes will be held on Tuesdays and Thursdays (see dates) at the Office of Children's Services, 3300 N. Ridge Rd., Ellicott City, MD 21043

## CLASS SCHEDULE

09/29/15  
10/06/15  
10/13/15  
10/20/15  
10/27/15  
11/03/15  
11/10/15  
11/12/15  
11/17/15  
11/24/15  
12/01/15  
12/03/15  
12/08/15  
12/15/15

## 45-Hour Infant & Toddler Certificate: Methods & Materials

Name \_\_\_\_\_ Birthdate (mm/dd/yy) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_ (o) \_\_\_\_\_

Email \_\_\_\_\_

☐ Family Child Care Provider ☐ Center Staff Employee

**Mail completed Registration Form with Total Payment of \$250.00 to:**

Howard County OCS, 3300 N. Ridge Rd., Suite 380, Ellicott City, MD 21043

**Make Check/Money Order Payable to: Howard County Director of Finance**

**Or, complete credit card information below:**

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Credit Card No. \_\_\_\_\_ CVV \_\_\_\_\_



If you need this information in an alternate format, call 410-313-1940. To request an interpreter or other accommodations to attend, call at least one week in advance.